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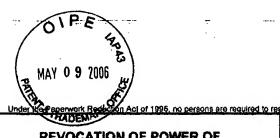
PTO/SB/82 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number     | 10/510,456           |  |  |  |
|------------------------|----------------------|--|--|--|
| Filing Date            | March 14, 2003 (PCT) |  |  |  |
| First Named Inventor   | Andre LEGUEN         |  |  |  |
| Art Unit               | 3636                 |  |  |  |
| Examiner Name          | Stephen A. VU        |  |  |  |
| Attorney Docket Number | GLN-050US            |  |  |  |

| I hereby revoke                                                                                                          | all previous powers of                      | fattomev alven in th               | e above-identific         | ilaas be    | cation.           |                  |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|---------------------------|-------------|-------------------|------------------|
|                                                                                                                          | Attorney is submitted he                    |                                    |                           |             |                   |                  |
|                                                                                                                          | •                                           |                                    |                           |             |                   | ٠                |
| OR                                                                                                                       |                                             |                                    |                           | r           |                   |                  |
| X I hereby a                                                                                                             | ppoint the practitioners a                  | issociated with the Cu             | stomer Number:            |             | 34,617            |                  |
| X Please char                                                                                                            | nge the correspondence                      | address for the above              | -identified applic        | ation to:   |                   | ,                |
|                                                                                                                          | Idress associated with<br>ner Number:       | 34,617                             |                           |             |                   | 13               |
| OR                                                                                                                       |                                             |                                    |                           |             |                   |                  |
| Firm or Individual N                                                                                                     | ame                                         |                                    |                           |             |                   |                  |
| Address                                                                                                                  | dife                                        |                                    |                           |             | <del>1</del>      |                  |
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| Country                                                                                                                  |                                             |                                    |                           |             |                   |                  |
| Telephone                                                                                                                |                                             |                                    | Email                     |             |                   |                  |
| I am the:                                                                                                                |                                             |                                    |                           |             |                   |                  |
| X Applicant/Inventor.                                                                                                    |                                             |                                    |                           |             |                   |                  |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |                                             |                                    |                           |             |                   |                  |
|                                                                                                                          | SIGNATU                                     | RE of Applicant or I               | ssignee of Reco           | ord         |                   |                  |
| Signature                                                                                                                | 2 Cauterel                                  |                                    | •                         |             |                   |                  |
| Name Cath                                                                                                                | nerine CANTENOT                             |                                    |                           |             |                   |                  |
| Date le                                                                                                                  | 11 Septembre                                |                                    | Telephone O               |             | 22 2              |                  |
| NOTE: Signatures of all signature is required, se                                                                        | the inventors or assignees of recore below. | rd of the entire interest or their | representative(s) are req | uired. Subm | it multiple forms | if more than one |
| *Total offorms are submitted.                                                                                            |                                             |                                    |                           |             |                   |                  |

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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## **REVOCATION OF POWER OF** ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

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| First Named Inventor   | Andre LEGUEN         |
| Art Unit               | 3636                 |
| Examiner Name          | Stephen A. VU        |
| Attorney Docket Number | GLN-050US            |

| I hereby revoke all previous powers of attorney given in the above-identified application.                                                                                                            |                                 |                        |               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------|---------------|--|--|
| A Power of Attorney is submitted herewith.                                                                                                                                                            |                                 |                        |               |  |  |
| OR  I hereby appoint                                                                                                                                                                                  | the practitioners associated wi | th the Customer Number | r: 34,617     |  |  |
| Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  34,617                                                               |                                 |                        |               |  |  |
| OR                                                                                                                                                                                                    |                                 |                        |               |  |  |
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| City                                                                                                                                                                                                  |                                 | State                  | Zip           |  |  |
| Country                                                                                                                                                                                               |                                 |                        |               |  |  |
| Telephone                                                                                                                                                                                             |                                 | Email                  |               |  |  |
| I am the:  X Applicant/Inventor.                                                                                                                                                                      |                                 |                        |               |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)                                                                              |                                 |                        |               |  |  |
| SIGNATURE of Applicant or Assignee of Record                                                                                                                                                          |                                 |                        |               |  |  |
| Signature                                                                                                                                                                                             |                                 |                        |               |  |  |
| Name Andreus BUEN                                                                                                                                                                                     |                                 |                        |               |  |  |
|                                                                                                                                                                                                       | Septembre 2005                  |                        | 4 68 22 24 54 |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                 |                        |               |  |  |
| "Total offorms are submitted.                                                                                                                                                                         |                                 |                        |               |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.